

| POSITION                         | INITIALS   | ID NO.         | DATE            |
|----------------------------------|------------|----------------|-----------------|
| <b>FEE DETERMINATION</b>         | <i>ME/</i> |                | <i>10/02/01</i> |
| <b>O.I.P.E. CLASSIFIER</b>       |            |                |                 |
| <b>FORMALITY REVIEW</b>          | <i>B2</i>  | <i>JL3-883</i> | <i>11-02-01</i> |
| <b>RESPONSE FORMALITY REVIEW</b> |            |                |                 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date           |
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| Original |                |
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If more than 150 claims or 10 actions  
staple additional sheet here

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